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| ISSUE CLASSIFICATION |          |
|----------------------|----------|
| Class                | Subclass |
|                      |          |

PATENT NUMBER

## U.S. UTILITY Patent Application

|                                    |             |
|------------------------------------|-------------|
| O.I.P.E.                           | PATENT DATE |
| SCANNED <i>GACD</i> Q.A. <i>cc</i> |             |

|              |                 |                |                    |
|--------------|-----------------|----------------|--------------------|
| CLASS<br>211 | SUBCLASS<br>133 | ART UNIT<br>13 | EXAMINER<br>D Tran |
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**TITLE OF INVENTION:**

2186

**APPLICANT(S):**[illegible]

|   |   |             |            |                                   |                      |
|---|---|-------------|------------|-----------------------------------|----------------------|
| <input type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>   | <b>DRAWINGS</b>                         |             |            | <b>CLAIMS ALLOWED</b>             |                      |
|   | Sheets Drwg.                            | Figs. Drwg. | Print Fig. | Total Claims                      | Print Claim for O.G. |
| <input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.  | _____ (Assistant Examiner) _____ (Date) |             |            | <b>NOTICE OF ALLOWANCE MAILED</b> |                      |
| <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____<br>_____<br>_____   |   |             |            | <b>ISSUE FEE</b>                  |                      |
|   | Amount Due                              | Date Paid   |            |                                   |                      |
| <input type="checkbox"/> The terminal ____ months of this patent have been disclaimed.  | _____ (Primary Examiner) _____ (Date)   |             |            | <b>ISSUE BATCH NUMBER</b>         |                      |
| _____ (Legal Instruments Examiner) _____ (Date)   |   |             |            |                                   |                      |
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